

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10		1				
11		2				
12		2				
13	1					
14		1				
15		2				
16		2				
17	1					
18	1					
19	1					
20		1				
21		2				
22	1					
23		1				
24		1				
25		1				
26	1					
27	1					
28	1					
29		1				
30		2				
31	1					
32		1				
33		2				
34	1					
35		1				
36		2				
37	1					
38	1					
39		1				
40	1					
41	1					
42	1					
43		1				
44		1				
45	1					
46	1					
47						
48						
49						
50						
TOTAL IND.	27					
TOTAL DEP.	20					
TOTAL CLAIMS	57					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS